

Assessing For Suicide

Risk Assessment & Disposition for Detainees

Learning Objectives

Participants will be able to:

- Apply a systematic approach to assessing suicide risk in detainees
- Document risk assessment & prevention plan based on level of risk
- Establish appropriate level of observation according to suicidal risk

HELPER Risk Assessment System*

H = Historical Factors

E = Environmental Factors

L = Lethality of Suicidal Thoughts/Behavior

P = Psychological Factors

E = Evaluation of Suicide Risk Potential

R= Reporting Your Findings

*Resource: How To Identify Suicidal People, A Systematic Approach To Risk Assessment, Thomas W. White, PhD
Permission Granted for use by U. S. Public Health Service

What Is HELPER*?

A Guide To Ensure That Complete Relevant Data For A Thorough Suicide Assessment Is Obtained



HELPER SYSTEM: 3 Phases*

- **Phase I: Collection of Data**
- **Phase 2: Analysis of Data**
- **Phase 3: Documentation of Data**

Phase I: Collection of Data – HELP*

Collect data related to suicide risk factors

H = History

Personal & family

E = Environmental Factors

Demographic, stressors, social support systems

L = Lethality of Suicidal Thoughts/Behavior

Intent to die, Suicide Plan, Access to/Knowledge of Means

P = Psychological Factors

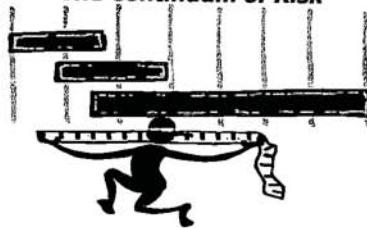
Suicidal Ideation, Cognitive Style

Phase II: Analysis of Data (Evaluate)

- Evaluate risk of suicide: Low, medium, high

Phase II: Analysis of Data - HELPER*

The Continuum of Risk



Determine Where The Client's Self Destructive Thinking/Behavior Lies Based on Information Gathered in Phase I

Suicide is generally a gradual process that consists of behaviors that progress along a continuum from non-lethal to deadly

Phase III: Documentation of Data HELPER*

- o Report your findings
- o Document client's potential for suicide and your rationale for this determination



H = Historical Factors

Personal History

o H/O Psychiatric Disorders

- Was a Dx made? If so, when?
- Did detainee receive Tx?
- What was the Tx?
- How long did it last?
- Was detainee hospitalized?
- Was it voluntary or involuntary?

H = Historical Factors

Personal History

Analyze Factors Related to H/O Suicide Attempts

- o Lethality of attempt
- o Seriousness of intent to die
 - Thwarted attempts
 - Non-lethal attempts
 - Manipulation
 - Cry for help
 - Attention & recognition

H = Historical Factors

Family History

o Mental Illness

o Suicide

- Family View of Idea of Suicide
- Impact of Family Suicide
 - Detainee's reaction
 - What was learned?

o Substance Abuse

o Dysfunction

- Divorce/Separation
- Conflict/Stress
- Family Violence
- Physical & Sexual Abuse

H = Historical Factors

The Big Picture

- H/O high risk behaviors & events or mental illness?
- H/O suicide attempts, other family dysfunction?
- If so, how does this affect detainee's suicide potential?
- Detainee have psychiatric D/O? Affective D/O ?
- Life stressors
 - Interpersonal loss, legal problems?
 - First time away from home country?

E = Environmental Factors

Demographics

- Gender
- Age
- Race
- Marital Status
- Illness
- Unemployment

E = Environmental Factors

Life Events & Circumstances

○ Losses due to detention

- Freedom
- Contact with family & friends-temporary or permanent
- Possessions, comforts, & familiarity of home
- Privacy & control over many aspects of life
e.g., Told when to get up, what to wear, when to eat, when to go to bed; no private showers
- Loss of self-esteem (names like detainee, criminal, alien)
- Loss of many opportunities
- Loss of significant others
- Loss of family support

E = Environmental Factors

Life Events & Circumstances

○ Subjective nature of Stress

- Detainee's feelings of being able to cope
- Level of hopelessness
- Ability to handle change
- Perception of how others see them

○ Social Support Systems

- **Past:** family, friends, environment
- **Present:** situation-peer support

L = Lethality

- o **Intent:** Desire to die
- o **Plans:** Strategy to die
- o **Means:** Access to means to die
- o **Knowledge:** Information and skills needed to die



LETHALITY = Intent to die x (Plan + Means + Knowledge)

L = Lethality

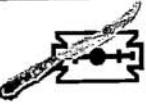
- o **EXPLORE** detainee's reaction to past suicide attempts
- o **CONSIDER** motivation:
 - ASK why they want to die
 - CONSIDER alternative motives
 - Manipulation
 - Cries for help



L = Lethality

**Self-Mutilation:
Not a suicidal behavior**

- o Relieve strong feelings of tension
- o Obtain self-control
- o Obtain sense of identity
- o Regain sense of normalcy after emotional numbing has resulted in feeling estranged
- o Manipulate others
- o Express self-hatred
- o Enhance sexual feelings
- o Experience euphoria
- o Vent feelings of anger & frustration
- o Relieve feelings of stress & tension
- o Relieve feelings of alienation



L = Lethality

Ambivalence & Cognitive Dissonance

- o Ambivalence about living or dying
- o Inner conflict remains until detainee makes a decision whether to live or die
- o Once decision for suicide is made, person may feel calm; dissonance is low



Resolution of Dissonance
Detainee's Decision to Die = Higher Risk

L = Lethality

EVALUATE The Suicide Plan

- o How specific is the plan? (place, time, method)
- o Does detainee have access to means?
- o Is the method lethal and effective?
- o Knowledge of how to use the means?
- o Has plan been rehearsed?
- o Have precautions been taken to avoid rescue or discovery?



P = Psychological Factors

Psychiatric Disorders and Suicide

- o Major Affective Disorders
 - Depression
 - **Bipolar Disorder = * HIGH RISK**
- Greater risk of suicide than any other psychiatric group
- o Substance Abuse
- o Schizophrenia
- o Personality Disorders & Suicide
- o Suicidal Delusions
- o Borderline, Narcissistic & Antisocial
- o Personality Disorders

P = Psychological Factors

Suicidal Ideation

- o Approaching the subject of suicide
- o Patient's response to the clinician
Tries to be helpful vs. angry & hostile
- o Verbal Communications about Suicide & Death
 - Indirect statements
 - Direct statements



P = Psychological Factors

Assessing Content of Suicidal Ideation

- o Ask specifically about frequency, duration & intensity of suicidal ideation
 - Has detainee just started thinking about suicide or has he progressed to the point of being determined to kill himself?
- o **Suicidal Fantasies**
 - Consider effect of their death on others
 - Escape from undesirable situation (detention or deportation)
- o **Suicidal Planning**
 - Details worked out
 - A new resolve; calm
 - Preoccupied with plan; begin to socially withdraw

P = Psychological Factors

Cognitive Style

- o Detainee's ability to communicate
- o Dysfunctional Assumptions
 - Irrational Beliefs
 - Dichotomous Thinking
 - Depressinogenic Attitudes
 - Neurotic Perfectionism
 - o Self-oriented & socially prescribed perfectionism

P = Psychological Factors

Cognitive Style Continued

- o Mental Status
- o Self-Perception
- o Future Orientation: Hopelessness
 - Negative expectation/hopelessness for the future
 - better predictor of risk than depression
- o Beliefs about Suicide & Death
 - o Personal & Cultural beliefs
 - o Religious prohibitions
 - May cause some to hesitate in considering suicide

E = Evaluation of Suicide Risk Potential

Suicide Assessment *... and weather forecasting*



- o Recommend categorical approach
- o Evaluator establishes window of time for validity of assessment (based on current conditions)

4 Categories of Suicide Risk

- No Risk to Minimal Risk
- Low Risk
- Moderate Risk
- High to Extreme Risk

E = Evaluation of Suicide Risk Potential

No Risk/Minimal Risk

- o Show no apparent risk factors & there is no reason to assume they will kill themselves at present
- o May have vague ideation of death and/or suicide verbalized; be sure to assess motivation for these thoughts

E = Evaluation of Suicide Risk Potential

Low Risk

- May have engaged in self-destructive behavior, but usually without suicidal intent; usually of minimal lethality
- May include self-harm for manipulation, to call attention to self or cry for help
- Self-mutilators with no desire to die, especially if behavior is chronic
- People at low risk may present with dysfunctional family Hx, recent devastating loss or other current stressor & H/O depression or drug abuse

E = Evaluation of Suicide Risk Potential

Moderate Risk

- Hx of self-destructive behavior without suicidal intent but with moderate to high lethality
- Suicidal intent with attempts of low lethality
- Family Hx of major dysfunction, incl. parents with psychiatric disorders & substance abuse problems who attempted or completed suicide
- Experienced physical &/or emotional abuse
- *May also have:*
Psychiatric Dx, recent stressors, lack of support systems, easy access to lethal means & a crude suicide plan

E = Evaluation of Suicide Risk Potential

High to Extreme Risk

- Usually engaged in self-destructive behavior with serious suicidal intent & moderate to high lethality or have engaged in less lethal behavior but have ongoing suicidal intent
- Multiple risk factors combined in a volatile cluster
Risk factors include:
 - H/O chronic suicide attempts with increasing lethality & intent
 - H/O psychiatric illness (esp. schizophrenia & bipolar disorders)
 - Significant levels of internal or external stress
 - Progressive isolation from family & friends, and
 - An accelerated effort to develop an effective suicide plan

R= Reporting Your Findings

- How much information to include
- Be objective; rely on facts, not conjecture
- Verify accuracy of the information when possible
- Never alter your documentation
- Document according to nat'l & local SOP's

Suicide Watch

- o Patients threatening suicide are considered emergencies.

